MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

FILED MAR 7 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2274

-62-007711 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1743 Carr Drive
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Last: Bady

4. DATE OF DEATH: Month: 2 Day: 23 Year: 62

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1900 Augest.22 61

9. AGE (last birthday)

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Mississippi

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dock.Bady

13b. MOTHER'S MAIDEN NAME: Josphine .Shaw

14. NAME OF HUSBAND OR WIFE: Matida.Bady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Matida.Bady. Wife.1743.Carr.Driv

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Atherosclerosis	Undet.
DUE TO (c)	Hypertension 332x	Undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-15-62 to 2-23-62 and last saw him alive on 2-23-62

Death occurred at 9:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sydney A. Shaw, M.D.

22b. ADDRESS: 2601 N. Whittier Street

22c. DATE SIGNED: 2-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Remove

23b. DATE: 2.28.1962

23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetry

23d. LOCATION (City, town, or county) (State): St.Louis. County Mo

24. FUNERAL DIRECTOR ADDRESS: Peaston,Funeral.2649.Delmar

25. DATE RECD. BY LOCAL REG.: FEB 26 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leroy H. Bonnieton

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.